The New York University College of Dentistry Academy of Distinguished Educators is an expression of the commitment of the University to excellence in teaching, learning, and scholarship in education. The professoriate of the University is composed of women and men who search for new knowledge, foster learning, and provide service to the public. It is the belief of the Academy that faculty members should also be given opportunities to learn and grow in the practice of teaching. The vision of the NYU Academy of Distinguished Educators is to build a pedagogical environment in which teaching is valued as an essential part of academic life.

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THURSDAY, MARCH 3, 2011

COMMONS
9:00 AM — 12:00 PM: Poster set up
1:00 PM — 5:00 PM: Poster judging

FRIDAY, MARCH 4, 2011

ROOM 612
1:00 PM — 2:00 PM: Keynote Address
“Celebrating The Scholarship of Teaching and Learning:
The Power of One: One Teacher, One Scholar”
John W. Killip, DDS

COMMONS
9:00 AM — 4:00 PM: Posters available for viewing
4:30 PM — 6:00 PM: Awards presentation and reception
6:00 PM — 6:30 PM: Poster removal
John W. Killip, DDS is a 1968 graduate of the University of Missouri-Kansas City (UMKC) School of Dentistry. During the 17½ years he practiced general dentistry, he had the opportunity to teach part-time at the UMKC School of Dentistry. He discovered that the days he most enjoyed were the ones he spent interacting with the faculty and students in the academic setting of the dental school. In 1988 Dr. Killip joined the School of Dentistry faculty full-time as a clinical instructor serving as one of the first generalist faculty in the patient care clinic. Dr. Killip’s role as a member of the Department of Restorative Dentistry grew when he became the coordinator of the Operative Dentistry didactic and laboratory courses. In the patient care clinic, Dr. Killip participated in supervision of patient treatment and was responsible for preparing the senior students for their regional licensure examinations.

In 2000, Dr. Killip was named the ADEA William J. Gies Education Fellow. The support of this Fellowship provided him with the opportunity to work in the American Dental Education Association (ADEA) Center for Educational Policy and Research. During this time Dr. Killip developed his passion for faculty development opportunities that help practicing dentists entering the academic world become effective teachers. While he was involved with the Center he learned of the Scholarship of Teaching and learning (SoTL) indicatives sponsored by the American Association of Higher Education (AAHE) and Carnegie Foundation for the Advancement of Teaching. Working with Dr. N. Karl Haden, Dr. Killip developed the criteria for the ADEA/Colgate-Palmolive Co. Excellence in Teaching Award. In 2002, Dr. Killip was the primary investigator in an ADEA Council of Faculties faculty development project supported by a CASTL Grant from the Carnegie Foundation for the Advancement of Teaching.

While serving as the ADEA VP for Faculties on the ADEA Board of Directors, Dr. Killip lead ADEA early faculty development and SoTL initiatives. He has also served as a member of Journal of Dental Education Editorial Review Board and the ADEA MedEdPORTAL Advisory Committee. Dr. Killip currently serves as chair of the ADEA Minority Affairs Advisory Committee and on the ADEAGies Foundation Board of Trustees as well as founding chair of the ADEA SoTL Special interest Group (SoTL SIG). Dr. Killip is a fellow in the American College of Dentists.

In March of 2009 Dr. Charles N. Bertolami, ADEA President, recognized Dr. Killip’s contributions to dental education by presenting him with an ADEA Presidential Citation.

Dr. John Killip currently serves the UMKC School of Dentistry as the Assistant Dean for Student Programs holding the academic rank of Clinical Professor in the Department of Restorative Dentistry.
The Clinical & Educational Scholarship Showcase

is sponsored by the Academy of Distinguished Educators for the purpose of highlighting the breadth of scholarly clinical and educational work being done by the faculty at New York University College of Dentistry. The specific goals of the Showcase are:

• To promote the outstanding patient treatment and teaching being performed at NYUCD

• To emphasize the role that faculty play in the education of our students and treatment of our patients

• To give faculty and students an opportunity to present examples of their work to the University community

• To provide a venue for academic portfolio development and encourage higher levels of scholarly activity
AN UNUSUAL APPROACH TO SOFT TISSUE ROOT COVERAGE

MICHAEL CHAU, ROBERT SCHOOR

EDUCATIONAL SCHOLARSHIP

Gingival recession and root denudation is a common malady seen in many patients with tongue piercings. This clinical case presentation depicts a patient who presents with Miller’s Class IV recession on the lingual surfaces of teeth 24 and 25 and was treated via placement of a free gingival graft from a lingual approach, which is an uncommon and technique sensitive clinical procedure. The recipient site was prepared by reflecting a full thickness flap at the lingual mucogingival junction of teeth 22-27 and removing epithelium from the keratinized tissue above the flap. A 15mm x 10mm free gingival graft was harvested in normal fashion from the left hard palate and tucked into the recipient site. Stabilization of the graft was achieved using 4-0 and 6-0 vicryl sutures. Healing was followed and documented at 1, 2, and 4 weeks post-operation.

DEVELOPMENT OF PONTIC SITE USING ORTHODONTIC EXTRUSION

VARUN ACHARYA, ALPER COMUT

CLINICAL SCHOLARSHIP

Orthodontic extrusion has been well documented in the literature as a viable treatment modality for implant site development and preservation of fracture teeth. No information, however, exists on the use of orthodontic extrusion to develop a pontic site in a fixed dental. This poster documents a patient treatment where orthodontic extrusion or forced eruption was employed to improve the esthetics of the pontic site of a fixed dental prosthesis.
THE INFLUENCE OF ACCULTURATION ON ORAL HEALTH CARE DECISIONS, TREATMENT PLANNING, AND PATIENT MANAGEMENT IN A MIGRANT/IMMIGRANT POPULATION

ALEXIS COHEN, GEMA HERNANDEZ JAREZ, CAROLINE GORDY, ANDREW SCHEIKEL

CLINICAL SCHOLARSHIP

Mexican migration to New York City is occurring at a rapid rate. The Mexican population tripled in NY between 1990 and 2000, with 60-80% of migrants coming from the Mexican state of Puebla. Low education levels restrict job opportunities for migrants, leading to lower socioeconomic status in the United States; yet, the low wages earned in New York, are still higher than the average yearly salary of, $1,000 USD equivalent, in Puebla. Low socioeconomic status, low education levels, cultural beliefs, unfamiliarity with a new system, and language all contribute to how healthcare is accessed, received, and utilized. Policy decisions and the distribution of resources at a macro level further shape the conditions in which people are born, grow, live work and age. Acculturation, the modification of culture through adaptation and adoption of the cultural beliefs and practices of another ethnic group also strongly influences healthcare access and utilization. Do these “social determinants of health” change according to level of acculturation? How should dental practitioners account for these factors in their patient management and treatment planning? This integrated case presentation aimed at shedding light on the magnitude of influence social determinants has on access to oral healthcare and subsequent patient compliance. Looking closely at one student’s patient, originally from Puebla, Mexico, it is possible to gain insights about how to best manage a migrant population based on their individual level of acculturation. Literature on acculturation was acquired, assessed and presented by the second student and information and statistics on immigration were presented by the third student. Dental education and dental treatment planning often do not put sufficient emphasis on the qualitative social factors influencing health. The constantly changing demographics of the US, particularly NY, as a destination for migrant and immigrant populations, make filling this void in dentistry of timely importance.
SCLERODERMA: THE CHALLENGE OF REMOVABLE PROSTHODONTICS

Gabriela Carranza, Kenneth Kurtz

CLINICAL SCHOLARSHIP

A 63 year old female patient presented with a failing Removable Partial Overdenture (RPOD) fabricated 10 years previously. Her disease process had progressed, requiring innovations in impression making and prosthesis delivery. Treatment details and a literature review will be presented. Scleroderma is a relatively rare condition; for reasons that are not understood, dense collagen is deposited in the tissues of the body in extraordinary amounts. This disease affects approximately 19 persons per million population each year (Women 3-1 Men).

Microstomia develops as a result of collagen deposition in the perioral tissues. This causes a limitation of opening the mouth in nearly 70% of these patients, and xerostomia often develops. Diffuse widening of the periodontal ligament space is often visible radiographically.

The extent of the widening may vary, with some examples being subtle and others quite dramatic. Varying degrees of resorption of the posterior ramus of the mandible, the coronoid process, the chin, and the condyle may be detected on panoramic view affecting 10-20% of the patients. The most challenging aspect of treatment was management of the maxillary impression. A sectional tray and different non-adhesive elastomeric materials was successfully utilized, and details of the final prosthesis delivery will be delineated.

SEARCHING FOR EVIDENCE REGARDING POST-ORTHODONTIC TREATMENT RELAPSE

Eric Budiman, Silvia Spivakovsky

EDUCATIONAL SCHOLARSHIP

Objectives: Access to articles plays a key role in obtaining both past and present journals used for evidence based dentistry. With subscriptions through learning institutions, large volumes of journals are obtainable. However, without these subscriptions, access may be difficult. The objective
of this study is to compare evidence obtainable through free articles versus subscription articles to answer the clinical question of the causes of orthodontic treatment relapse.

Methods: Literature searches were conducted in four sites. The keyword "orthodontic relapse" was used to search in the ADA and Cochrane Library. The keywords "orthodontic relapse" and "stability" were used in Pubmed and Google Scholar, with the exclusion of "TMI," "cleft," "syndromes," and "surgery." Limits for all four searches included articles published from 2005 to current, human studies, and articles published in English. Articles were evaluated by the quality and type of study performed.

Results: A total of twelve free articles were obtained which included two systematic reviews, four prospective studies, three retrospective studies, and three case reports. Seventeen subscription articles were found, including four systematic reviews, two randomized clinical trials, one prospective study, nine retrospective studies, and one case control. Free articles showed no relation between orthodontic relapse and retainer type, facial height, and early headgear. A correlation was found with relapse and myofunctional alterations. For subscription articles, a negative relation with initial severity, maxillary expanders, and facial height were shown. There was a positive relation with sex, canine guidance angle, and part time retainer use.

Conclusion: Having access to subscription requiring journals will yield a larger number of articles, and thus additional studies to confirm or contest a point. Having access to these subscriptions may be advantageous in searching for evidence to answer clinical questions.

SUCCESSFUL LONG TERM TREATMENT OF A PATIENT WITH RAMPANT CARIES SECONDARY TO METHAMPHETAMINE ABUSE

HEATHER ANDERSON, GENE SHERWIN

CLINICAL SCHOLARSHIP

A 34 year old male patient presented to the pre-doctoral comprehensive care facility at NYUCD with rampant caries secondary to methamphetamine abuse, a condition commonly referred to as "meth-mouth". The patient had extensive prior restorative dental treatment including root canal therapy but was not missing any teeth. The patient wanted to keep as many of his natural teeth as possible. A treatment plan was developed with phase I to include excavation and temporization of all carious lesions along with treatment of the disease process in order to lower the patient’s risk for future caries. The anterior teeth were to receive composite restorations during phase I of treatment. Phase II included restoration of all posterior teeth with full coverage crowns, performing root canal therapy where indicated, pending the re-evaluation of the phase I treatment. The patient’s
medical history was significant for asthma, degenerative arthritis and prior methamphetamine use. Vital signs were within normal limits. The patient’s rampant caries were treated using the NYUCD high-risk caries protocol. Progression of caries has been stable over the past two years and his risk is now considered low. Because the patient is no longer using methamphetamine and has adequate remaining tooth structure, it was decided to go ahead and restore all posterior teeth with full crowns. This treatment has recently been completed and will be shown to demonstrate the good prognosis of this case. Phase III treatment will soon begin to provide long term restorations and improved esthetics for the anterior teeth through a combination of all-ceramic crowns and veneers. An extensive search of the professional literature revealed no systematic reviews or clinical trials on treatment of meth-mouth or rampant caries. The literature does provide information on methamphetamine abuse and suggestions on how to manage an abuser which will be reviewed in this presentation.

THE USE OF AN OBJECTIVE STRUCTURED TEACHING EXAM (OSTE) TO EVALUATE A DENTAL FACULTY DEVELOPMENT PROGRAM

Maureen McAndrew

EDUCATIONAL SCHOLARSHIP

Kirkpatrick’s Four Levels Model (Reaction, Learning, Application, Results) provides a useful framework to evaluate the impact of faculty development initiatives. Most assessments of faculty development are limited to satisfaction surveys and represent the lowest or “reaction” level of Kirkpatrick’s model. Steinert et al., in their systematic review of medical faculty development programs, strongly recommended that more rigorous, higher level research designs be used to assess program effectiveness. To this end, they called for high fidelity outcome measures, specifically objective structured teaching exams, to be used both before and after a faculty development intervention. OSTEs are considered to constitute the gold standard for assessing a resident’s ability to teach and for measuring the effectiveness and impact of faculty development programs. This abstract describes the creation of an Objective Structured Teaching Exam (OSTE) to measure the effectiveness of a dental faculty development program, Class ACTS (Advanced Clinical Teaching Scholars). An OSTE is a performance based measure using standardized students and is designed to measure observable teaching skills. In spring 2010, we recruited 16 subjects and created a three station OSTE to assess the content covered in Class ACTS. We trained ten dental student teaching assistants to act as standardized students and patients and to use our rating forms. OSTE scores and ratings increased
after the OSTE intervention (Class ACTS) in all 15 teaching domains tested. Moreover, we were able to show statistically significant improvements in all but three domains as a result of faculty participation in the Class ACTS program. We believe this is the first time that an OSTE has been used to assess a faculty development program in dental education. This study’s results strongly support NYUCD’s faculty development efforts. Our participants substantially improved their teaching abilities in both clinical and small group settings as evidenced by their performance on the “gold standard,” an objective structured teaching exam.

INTEGRATING MOTIVATIONAL INTERVIEWING INTO A REVISED STUDENT DENTAL HYGIENE CARE PLAN

ANDREA BEALL

EDUCATIONAL SCHOLARSHIP

Purpose: In the current NYUCD dental hygiene care plan, treatment planning and patient education associated with planning is primarily based on providing information along with persuasion to improve adherence to treatment recommendations and oral hygiene. A large body of literature increasingly suggests that providing such education and expert advice is rarely sufficient to induce patient behavior change and commitment.

Method: An emerging body of science in cognitive psychology is suggests that educational and therapeutic interventions consistent with theories of behavior change are more likely to succeed. Motivational interviewing is one such strategy that targets health related behavior change. Motivational interviewing can be uniquely integrated into the dental hygiene care plan and overall process of care for each and every patient.

Summary of Revised Changes: First, the revised dental hygiene care plan begins with a review of all significant findings from an extensive list of assessment forms found in the chart. Added to the list of forms is the new self care form. This new self-care form not only gives an assessment of the patient’s plaque and calculus, but includes space for current oral self care practices and an assessment of the patient’s oral health as it relates to the transtheoretical model. Second, is the dental hygiene diagnosis section. Third and the main development is a motivational notes segment that provides space for “change talk” and patient’s desires, ability, reasons, need, and commitment before prematurely jumping into planning. Fourth, the care plan includes both clinical and counseling services, in addition to goal setting. Fifth, is implementation and finally, evaluation of goals that are measurable and meaningful to the patient. While the above summary of revised changes is just a prototype, future directives may include faculty and student
motivational interview training, committee reviewed dental hygiene care plan reiterations, testing, and evaluations.

Anticipated Findings: The way dental hygienists communicate with patients and navigate motivational interviewing throughout their dental hygiene care plan can have a real effect on how the patients’ feel what they do, and on their overall health outcomes.

ORAL HEALTH LITERACY PROGRAM INITIATIVE

ANDREA BEALL

EDUCATIONAL SCHOLARSHIP

Purpose: This oral health literacy training program initiative responds to the American Dental Association 2010-2015 Health Literacy Action Plan and specifically addresses, objective B, encourage the education and training of current and future health care workers, including dentists, dental hygienists, dental assistants, and students of each discipline; about health literacy, including principles of effective communication and the use of plain language in dental practice.

Objectives: Upon completion of this program, learners should be able to: 1) Define vocabulary pertaining to literacy, health literacy, and oral health literacy; 2) Realize the importance of health literacy to the practice of healthcare, and specifically dentistry; 3) Identify tools and techniques to assist the learner with health literacy competency; 4) Assess the reading grade level, layout, and design of printed material to improve their readability; and 5) Self-assess and reflect.

Methods: As a training program for educators to adult learners, oral health literacy is introduced by using a combination of adult learner techniques and strategies. There is a focus on experiential techniques that tap into the experience of the learner, such as group discussion, role playing, and games, rather than relying solely on lecture. Activities in the guide are flexible and allow educators to create training experiences that will enhance the learning of participants and enable learners to identify existing health communication and literacy related strengths and limitations, and provide an opportunity to set goals for further learning.

Significance: This training program has recently completed an initial limited development phase with pending testing and evaluation phases. It is anticipated that once dental schools make the learners aware of limited health literacy and teach techniques for responding to it, then learners will
be equipped with the skills they need for enhanced patient care and ultimately greater oral health outcomes.

IMPLANT RETAINED REMOVABLE PARTIAL OVERDENTURE VERSUS TRADITIONAL REMOVABLE PARTIAL DENTURE: CASE REPORT AND LITERATURE REVIEW OF RISKS, BENEFITS, AND ALTERNATIVES

AUSTIN GRIFFITH, KAY OEN

CLINICAL SCHOLARSHIP

A 74 year old female patient presented to the pre-doctoral comprehensive care facility at NYUCD with severe localized chronic periodontitis associated with a failing 5-unit bridge extending from teeth #11-15, a necrotic pulp with asymptomatic periapical periodontitis on tooth #10, and compromised masticatory ability due to multiple missing teeth in both arches. The patient was unable to consider implant-retained fixed partial dentures (FPD) or precision attachment removable partial dentures (RPD) as treatment options for financial reasons. Teeth #10 and #15 were extracted and the patient was treated using a traditional tooth-supported anterior FPD with abutments on teeth #9 and #11 as well as a Kennedy Class I RPD utilizing teeth #5 and #11 as abutments. Another treatment option that was explored was an implant-retained removable partial overdenture (IRPOD). IRPOD is emerging as a predictable, more aesthetic, functional and cost-effective option where implant retained FPD may not be possible due to financial or other reasons. The traditional RPD is established as a predictable, evidence based treatment option but can be compromised by risk of recurrent caries and/or periodontitis of abutment teeth, continuous ridge resorption and the unaesthetic appearance of the clasps in the anterior region. This case report will discuss the risks and benefits of, and illustrate the proposed alternative treatment of an implant-retained removable partial overdenture. The current available literature will be assessed for evidence comparing IRPOD with the traditional treatment completed on the patient.
MANAGEMENT OF THE ANTERIOR ESTHETICS

IRINA FLORENTINA DRAGAN, ANDREA MASTROROSA AGNINI, MICHAEL K. GHALILI

CLINICAL SCHOLARSHIP

Abstract: The periodontal-restorative team is in charge nowadays to provide the esthetic procedures that today's sophisticated patient population has come to expect. Combining the health, function and esthetics is the only way to satisfy the patient needs. Dealing with a patient that is dissatisfied with the appearance of his smile and is very skeptical about the future treatment, becomes a challenge to make the correct diagnosis and selecting the appropriate treatment plan. This case requires an interdisciplinary approach to the diagnosis and management of the anterior dental esthetics. Reviewing this presentation, the readers will notice an interdisciplinary dental diagnosis, beginning with esthetics but encompassing structure, function and biology to achieve an optimal result. Dealing with existing teeth that exhibit altered width and/or length discrepancies due to the developmental anomalies, changes resulting from the aging process, or prior restorative procedures may require combination therapies and a thorough data analysis. The rationale for crown-lengthening procedures has progressively become more esthetic driven due to the increasing popularity of smile enhancement therapy. As a result, crown lengthening procedures have become an integral component of the aesthetic armamentarium and is utilized to enhance the appearance of restorations placed within the esthetic zone. A thorough understanding of the anatomical structures involved, and the biologic width concept is essential in order to maintain the results of the treatment.

Background of the case: The current case presents a conglomerate of different problems that is affecting his ability, to use properly, the roles of the maxillary anterior dental group. With a reverse report of the incisal edge to the lower lip, canted occlusal plane, deviated midline, interferences in the protrusion movement, high smile line and major discrepancies considering the width and length of the CI, CL and CA challenges our team to point out the correct diagnosis and implement the correct treatment plan.

Expected treatment outcomes: The expected treatment outcomes are achieving the goals: health, function and esthetics. We plan to reposition correctly the incisal edge, eliminate the interferences, to manage the restorative space according to the correct width tooth proportions, define the gingival margins and position it considering the length/width proportion. In order for the result to receive the full appreciation of the patient a bleaching treatment for both arches will be done at the beginning. The wax-up/ mock-up will guide us in confirming that the correct treatment plan
was established. The crown lengthening procedure and preparation for the ceramic veneers are vital steps to achieve the treatment plan objectives. Fabricating the temporary restorations and cementing the final restorations are also a “key-point” of the process.

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**IS THERE AN AGE LIMIT ON IMPLANT PLACEMENT? THE RISK VERSUS BENEFIT RATIONALE ON IMPLANT PLACEMENT IN THE ELDERLY**

**Paul Zhivago, Michael B Ferguson**

**Clinical Scholarship**

Objective: To evaluate and to try to understand the risk vs. benefit ratio in elderly patients having a more stable implant supported denture vs. refusing to place implants in them due to age (age discrimination). A more stable denture can enhance the nutritional factors of an older person. This will further add to the life quality and the health status of an older person. To evaluate the risks in the actual placement and the surgical procedure vs. the long term outcome for an elderly person in maintaining better health.

Introduction: There is a bias that older people cannot withstand surgery for varied reasons including medical problems and the use of polypharmacy. If the patient’s medical history is not clinically significant then regardless of age they would be able to receive the surgery necessary for implant placement. Our patient Ms. C. is 91 year old female, with no past medical history who presented to our clinic for an implant over denture, because of severe mandibular resorption. Her denture was not stable, thereby making it very difficult for her to chew.

Theory or Methodology: If there’s a risk free medical history which permits implant placement, where is the actual risk to do so? To change the attitude of dentists regarding age discrimination due to the rationalization of risk factors and establishing a guide of what to look for and what is relevant to calculating the risk based on evidence based literature.

Results: If an elderly patient does not have significant risk to surgery and implant placement they will benefit significantly as they not only will increase their nutritional intake but also increase their quality of life. In the case of Ms. C., an implant supported overdenture was fabricated and she was again able to eat what she wanted and reported a significant increase in quality of life.
A CASE REPORT SHOWING 12 YEARS OF TREATMENT FOR A CLEFT LIP AND PALATE PATIENT: PHOTOGRAPHS, RADIOGRAPHS, AND MODELS

Baljinder Kaur, Shruti Kashikar, Amy Wong, Mariel Petruk, Karin Grinbaum, YiHong Li

CLINICAL SCHOLARSHIP

A 20 year old Asian-American female presented to the pre-doctoral comprehensive patient care facility at NYUCD in 2009 for restorative and orthodontic treatment. In 1998, at 9 years of age, she had been treated in the department of Orthodontics for Class III malocclusion and congenitally missing tooth #10 and was. Our patient was born with cleft lip and palate on the left side. The lip was successfully closed at age 2 but it was not until age 11, that the cleft palate was closed with a soft tissue graft. Distraction osteogenesis was performed at age 15 and multiple autogenous bone grafts were performed subsequently, but a complete closure of the palate was never achieved. Comprehensive orthodontic treatment was initiated after the bite was stabilized but the patient was lost to follow up for a significant period of time. When the patient re-presented in 2009 she was wearing orthodontic braces that were placed during her last treatment visit in Ortho several years prior. Clinical examination revealed a relapse back to Class III and severe root resorption of her maxillary left central incisor. Restorative treatment has been completed and appropriate orthodontic treatment has been initiated but additional surgical intervention will be required. This case provided an excellent opportunity for an ideal integrated case presentation with the fourth year student presenting the details of the case and the records that were provided by the ortho resident presently providing orthodontic care. The normal facial development of the lip and palate were presented by the first year student. The second year student described the main characteristics of cleft lip and palate and associated problems and treatment strategies. The third year student conducted evidence based research to determine whether a Le Fort I osteotomy or distraction osteogenesis would be a better option going forward.
COMPLEX PERIODONTAL-PROSTHETIC FULL MOUTH REHABILITATION

Andrea Mastorosa Agnini, Davide Romeo, Michael Bral

CLINICAL SCHOLARSHIP

This poster will describe a complex periodontal-prosthetic full mouth rehabilitation of a patient who presented in the Department of Periodontics in October 2009. M.B. is a 49 years old patient with a generalized moderate to advanced chronic Periodontitis. The maxillary teeth are extruded. Patient has a high smile line, and is mostly concerned about her smile. We plan to present all the necessary steps in the diagnosis and treatment of this patient. Some of the clinical documentation is enclosed. The next step will include placement of dental implants in the maxillary arch and followed by the prosthetic phase of the treatment 3-4 months later.

THE EFFECTS OF LOUPES ON CLINIC PRODUCTIVITY

Kenneth Allen, Jimmy Duong

EDUCATIONAL SCHOLARSHIP

Purpose: Determine if there is an association between the use of loupes and clinic productivity as measured by practice model value (PMV). Method: Fourth-year dental students working in the pre-doctoral clinics were asked a series of questions regarding their use of loupes. Their responses were confidentially linked to their PMV, and the SPSS statistical program was utilized to determine whether differences in PMVs that were correlated with different loupe usage behaviors were statistically significant. Results: Amongst students who use loupes, those who state that they always use them had PMVs that were on average 11.49% greater (p=0.027; 95% CI) than those students who state that they rarely use their loupes. Students who owned the loupes for more than three years had PMV’s that were on average 11.40% greater (p=0.005; 95% CI) than those owned their loupes for less than three years. Differences in students’ demographics with regards to age, gender, and student status (i.e., traditional versus advanced placement) did not
correlate with differences in PMVs. Similarly, loupe brand, magnification, students’ use of a task light, and handedness did not correlate with differences in PMVs. The perceptual ability test (PAT) scores of the “Loupes” group was not significantly different from the class’s average PAT score. Conclusion: In addition to improving visibility and ergonomics for wearers, loupes may confer additional benefits with regards to clinic productivity. The observation that differences in students’ demographics, PAT scores, and certain loupe usage behaviors/preferences (loupe brand, magnification, use of a task light, and students’ handedness) were not individually correlated with differences in students’ PMVs rules out the possibility that these factors serve as confounders for the observed differences in PMVs and lends support to the notion that the use of loupes itself may be the source of the observed increase in PMV.

HEAD START IN CLINICAL DENTISTRY—INITIAL CLINICAL EXPERIENCE

Charlie Larsen, Jill Fernandez, Amr Moursi

CLINICAL SCHOLARSHIP

This course introduces the dental student to pediatric dentistry, and to pediatric prevention in a community setting. It provides the students a positive first experience in the role of the health professional. It gives the student an opportunity to clinically examine large numbers of children and to begin to differentiate between developmental expectations for different age groups. There are two possible sites for I.C.E. in which the student has a patient to dental provider interaction. One site is a Head Start Center where students give demonstrations on oral hygiene, give nutritional counseling, knee to knee examinations and application of fluoride varnish. The second site is a Sealant Program which takes place at public schools: we set up school based clinics, provide dental examinations, toothbrush prophylaxis, apply sealants, fluoride varnish and give oral hygiene instructions as well as nutritional counseling. This program has been developed for the D2 students to provide an early clinical experience. This D2 experience will greatly strengthen an already didactic rich curriculum and involve the students in hands-on care of the patient at an earlier stage in their education. Earlier involvement of students in supervised care will increase students’ morale and enthusiasm, health promotion activities, and improve the overall community education of the students at the College of Dentistry. In addition, this experience will also promote the preventive dentistry curriculum established in the D1 year.

Course Goals: 1. Introduce undergraduate dental students to pediatric dentistry as early as possible. 2. Provide positive first experience in the role of the health professional. 3. Introduce the dental
student to the necessity and importance of community involvement. 4. Provide the dental student with the opportunity to clinically examine large numbers of children and to begin to differentiate between developmental expectations for different age groups. 5. Provides the dental student with a sense of social responsibility.

CORRECTION OF AN EXTENSIVE MUCOGINGIVAL DEFORMITY ON A LOWER INCISOR: A CLINICAL CASE REPORT

Dara Lee, Robert Schoor

CLINICAL SCHOLARSHIP

Corrections of severe mucogingival deformities are commonly referred to as periodontal plastic surgery. Although there are a number of techniques to treat and repair root recessions on lower anterior teeth, the difficulty can vary depending on various characteristics including thin biotype, thin facial bony plate, and shallow vestibular depth; just to name a few. This poster will demonstrate the use of a lateral pedicle flap as a design for extensive root denudation.

RESTORATIVE SPACE MANAGEMENT: PRECISION TOOTH PREPARATION FOR ESTHETIC RESTORATION

Andrea Mastrorosa Agnini, Perrine Balland, Yoshimi Matsuda, Michael Ghalili

CLINICAL SCHOLARSHIP

Without question and for any type of aesthetic restoration, it is best to have a patient’s teeth aligned at their ideal position within the dental arch. This poster present a case report that defines the procedural approach and possible limitations if, for some reason, orthodontic treatment cannot be rendered. When treating aesthetic and functional cases that can be accomplished through tooth movement, restorative space management rendered through orthodontic/restorative therapy can achieve excellent and predictable results. The benefits of orthodontic therapy from a periodontal, restorative, and aesthetic point of view are well documented but even with these innovative advances in treatment, however, some patients still decline orthodontic therapy due to
abstracts

occupational limitations of time or patient appearance during the treatment. Although treatment with aligning devices has numerous benefits, there are limitations, the most significant among them being predictable management of vertical tooth discrepancies or case severity. The potential for orthodontic relapse has inspired the use of tooth preparation techniques along with restorative dentistry to recreate tooth dimensions comparable to postorthodontic results from aesthetic and functional clinical outcomes, thereby eliminating the potential for relapse and the need for forced orthodontic tooth movement. Restorative space management (RSM) is defined as the use of tooth preparation techniques and restorative dentistry to accomplish the goals of orthodontic therapy. It requires selective and strategic removal of tooth structure and the addition of aesthetic restorative materials in direct and indirect treatment using composites and ceramics. Unlike traditional orthodontic therapy, which can correct space/tooth alignment and occlusal issues alone, the benefits of RSM include correction of tooth shapes and dimensions, tooth discoloration, and caries/defective restorations that result in improved tooth proportions, color, and intraoral health. The goals of therapy for the orthodontist and restorative dentist are similar; the only differences are in how they achieve the results; the orthodontist performs reconstructive dentistry through tooth movement, the restorative dentist via tooth restoration. The quantity of tooth structure removed must be defined and limitations established to avoid potential subsequent problems associated with aggressive and excessive removal of healthy tooth structure. The combination of orthodontic therapy and restorative dentistry is very often the best treatment for a given patient. This poster will present a case in where the patient did not want to go through the orthodontic therapy in a situation of crowding dentition. It is going to be presented the Restorative Space Management treatment plan step by step and the final result with a 1 year follow up.

Decision Making: To Maintain the Natural Incisor or Replace with an Anterior Implant

Adi Einhorn, Robert Schoor

Clinical Scholarship

In diagnosing anterior tooth trauma it is difficult to determine a hopeless case from a treatable case. Although implant integration is accepted as a successful replacement for teeth, achieving an esthetic result still remains a challenging task. In this clinical case report a decision to extract #9 was made misdiagnosed. An algorithm was used to make the correct diagnosis and treatment for the fractured tooth.
Abstracts

Rescue Treatment: Salvaging Existing Prosthesis

Varun Acharya, Caroline Barsoum

Clinical Scholarship
The patient with a failing tooth and implant retained prostheses presents a unique and frustrating situation to the treating dentist. This poster details the various challenges faced by the dentist, namely the provisionalization of the patient, the identification of the existing implants, and the salvaging of the existing prostheses.

Ocular-Orbital Prosthesis: Use of Staged Custom-Conformers for Modeling of Anophthalmic Socket and Impression-Making

Chad S Hanna, Mijin Choi

Educational Scholarship
Ocular impression techniques, using stock ocular tray, custom ocular tray, and stock ocular prosthesis, have been described over the decades. However, the use of these trays often does not produce the desired contour of anophthalmic socket when surrounding overlying external tissues are scarred from multiple surgeries. The purpose of this table clinic is to describe the fabrication of ocular-orbital prosthesis following the exenteration and 28 reconstructive surgeries due to a gunshot. Three modified ocular conformers were constructed to mold the anophthalmic socket to improve and contour the position of eyelids prior to the final impression-making. The third modified ocular conformer was used to capture the internal tissue and external tissue in function. The definitive ocular prosthesis was completed with the external orbital prosthesis. The advantage of this approach is that the extra-ocular tissue can be conformed to accommodate a final ocular prosthesis that establishes a more acceptable ocular orientation.
BLUE RUBBER BLEB NEVUS SYNDROME (BRBNS) “PROSTHETIC CONSIDERATIONS”

Asmahan Khater, Kenneth Kurtz

CLINICAL SCHOLARSHIP

Blue Rubber Bleb Nevus Syndrome (BRBNS) is a rare condition presenting with multifocal malformation. Oral cavity lesions occur in 59 to 64% of cases. Patients with BRBNS have a potential for serious or fatal bleeding. We report a unique presentation of this syndrome in a 56-year-old female with prominent oral lesions. Patient was diagnosed at the age of 45; vascular lesions were progressively increasing in number and size. Due to her medical history patient was referred to NYUCD for prosthetic treatment.

LINGUAL RETRIEVAL SLOTS: CLINICAL INDICATIONS FOR CEMENT RETAINED IMPLANT RESTORATIONS

Yash Kapadia, Kenneth Kurtz, Daniel Schweitzer

CLINICAL SCHOLARSHIP

A patient had 4 implants placed in the maxilla. The implant position required fabrication of custom abutments. Cement retained restorations were selected. Retrieval slots were placed on the palatal gingival aspect of the prostheses. The slots also act as a vent for the excess cement. During removal of the cement retained prostheses the driver is inserted into the slot and turned clockwise putting pressure on the abutment towards the implant and allowing easy retrieval of the prostheses.
ALTERED CAST TECHNIQUE
MARGUARITHA STUFFKEN, MARJAN MOGHADAM

CLINICAL SCHOLARSHIP
The conventional method of creating a master cast for fabrication of a removable partial denture metal framework is by border molding the edentulous areas of a custom tray, followed by an impression. The metal framework is made on this master cast and tried into the patient’s mouth. This technique yields an accurate framework for most instances. In treatment involving a mandibular bilateral distal extension situation, the cast metal framework will typically fit the abutment teeth precisely but may present with a poor relation to the edentulous areas and the supporting mucosa. Quite often a rocking will be detected of the framework in relation to the teeth and the edentulous ridge. The RPD metal framework fabricated with the altered cast impression technique attempts to manage this misfit issue. A clinical report demonstrating this technique is presented.

IMPACT OF FACIAL ASYMMETRIES ON THE OCCLUSAL PLANE
CARLOS CASTRO, FARHAD VAHIDI, ROBERT BERG

CLINICAL SCHOLARSHIP
Facebow records transfer the position of the maxillary arch to the instrument. From the frontal view such records assume symmetry of the anatomical structures and parallelism between interpupillary plane and the imaginary axis of rotation. The construction of entire restorations are often performed following the assumption of the instruments accuracy and an occlusal plane is developed that when tried in the patient’s mouth an esthetic discrepancy is noted. A patient with such discrepancy has been observed and a method to confirm the asymmetry developed. Another aid was created to help the instrumentation to compensate and facilitate the fabrication of the restoration. An experimental model was created to determine the impact of the discrepancy on the anterior final restorations.
REESTABLISHING ADEQUATE INTEROCCLUSAL DISTANCE USING A FIXED PARTIAL DENTURE PROVISIONAL

Carlos Castro, Kenneth Kurtz

CLINICAL SCHOLARSHIP

A 27 y.o. female patient with limited interocclusal space and prepared, extruded maxillary molars presented requiring full coverage restorations on teeth 13, 14, & 15. Before passive extrusion, previous clinical crown lengthening procedures had twice been performed and therefore a short radicular trunk was available and another surgical procedure was contraindicated. A long term provisional splint at open VDO was delivered (Dahl appliance) and a combination of intrusion and 3D extrusion of the maxillary arch was utilized to reestablish 2mm of restorative space over the course of 8 weeks, allowing successful final restoration of the quadrant. Metal ceramic restorations were successfully fabricated and luted in function.

MULTIDISCIPLINARY MANAGEMENT OF NON-SYNDROMIC OLIGODONTIA (NSO)

Andrea Jordan, Kenneth Kurtz

CLINICAL SCHOLARSHIP

A 23 year old female presented with NSO, several planes of occlusion and jaw asymmetry. A high smile line further complicated management of establishing an esthetic occlusal plane through several phases of surgical therapy. Using a collaborative effort between the disciplines of prosthodontics, periodontics, orthodontics, and oral surgery; a treatment plan was developed to overcome the presenting challenges and create a more ideal occlusal and esthetic result.
SEVERE CLASS II MALOCLUSION: COMMUNICATING THREE DIMENSIONAL TREATMENT

Mamta Mehta, Kenneth Kurtz

CLINICAL SCHOLARSHIP

A 56 year old healthy Jamaican male presented to NYUCD AEPP with a chief complaint: “I want to adjust my bite because every time I bite, my gums inside hurt and bleed.” He had excessive palatal wear on the maxillary anteriors and excessive horizontal and vertical overlap. Treatment objectives involved restoring the occlusal plane discrepancy, improving inter-arch relationship and form, function and esthetics. The proposed treatment solutions involved (1) no treatment; (2) multidisciplinary approach incorporating orthodontics, orthognathic surgery and fixed/removable prosthodontics; (3) extracting hopeless teeth and removable prostheses; (4) Implant retained partial overdentures. Model surgery was performed to explain treatment approaches to the patient.

TRANSMIGRATION OF IMPACTED MANDIBULAR CANINES AND TREATMENT OPTIONS: A CASE REPORT

Graig Fischgrund, Robert Schoor

CLINICAL SCHOLARSHIP

My project consists of the definition of transmigration along with a comprehensive literature review. I discuss the different treatment options for this rare occurrence, including some published examples as well as my own detailed case report.
HOW TO INTRODUCE PBL IN A LARGE CLASS AND STILL BE EFFECTIVE

ANALIA VEITZ-KEENAN, SILVIA SPIVAKOVSKY, DANNY LO

EDUCATIONAL SCHOLARSHIP

Here we explore a model based on the use of multiple strategies that target different learning styles to promote lifelong learning and practice skills to use and appraise the literature and evidence based dentistry. Problem based learning is a methodology that can be used to develop and practice the real professional clinical decision process in the classroom setting. During the senior year complex cases are presented initially to groups of 170 students. Each case is designed so that during class discussion relevant issues that affect treatment decisions and focused clinical questions are raised. Following each presentation students are assigned to smaller groups of 50 and giving individual assignments. For the individual assignments an educational prescription is used to generate areas of interest and evaluate progress. The “Educational Prescription” is a tool that guides the students through the formulation of an appropriate clinical question, helps to identify question type, helps to target the search strategy and asks the student to critique the findings as their validity and clinical relevance. The relevant clinical questions are further explored during small group discussions. Here pre-screened literature is used. Each team of five is responsible for critically appraising one article followed by a short presentation to the other teams. During the presentation the faculty acting as a facilitator helps to focus on the key points, clinical relevance and compare and contrast the different points of view. Proficiency is determined during case presentation using information from a real patient and the “Educational Prescription” is required to support answers to a clinical issue that reflects individual areas of interest. Students became very engaged during the different activities and showed proficiency during the final assignment, with a high percent passing rate in the first attempt.
ENHANCING PERFORMANCE IN THE SIMULATION LABORATORY: PILOT STUDY

ELLEN LEE, LISA ANTONOFF, GENE SHERWIN

EDUCATIONAL SCHOLARSHIP

Background: There have been several studies that have compared dental student performance in a simulation clinic to a traditional laboratory environment as well as a correlation of student preclinical performance and clinical prosthodontic assessments. Other studies showed that students with more bench top experience scored better on bench top procedures and students with more manikin experience scored equally well in both environments.

Objective: This pilot study evaluates the effectiveness of enhancement for 24 students, selected by the faculty, who might benefit from enrichment in the preclinical simulation laboratory.

Methods: In order to accommodate the 358 students at NYUCD, the class was divided into three sections: morning, afternoon, and evening. Prior to the first prosthetic simulation laboratory practical exam, which consisted of a #21 crown preparation and the fabrication of an interim restoration, the faculty identified 24 students at risk who might benefit from extra weekend enrichment sessions. Attendance was mandatory and records were kept for six of the fourteen sessions. The sessions were supervised by one faculty. Faculty was standardized. The pass/fail rate for the practical exam was noted for the 24 students as well as for the entire class. Three weeks later, an identical practical was given. Subsequently, the results were compared with the first practical in an attempt to develop potential suggestions for course improvement.

Results and Discussion: Of the 24 students identified by the faculty, 70% benefited from the enhancement and passed as compared to the 55% pass rate for the entire class. Upon analysis of the failures by section, the evening section had the largest failure rate. Grading the practical of the evening section had a time delay of two to five days which may have affected the results. Half of the students who attended at least two enrichment sessions showed improvement between the first and second practical. Overall, there was an improvement of 33-40% for all sections from one practical to the other.

Conclusions: 1. Enrichment works. 2. Enhancement should be mandatory and attendance monitored. 3. Additional faculty should be assigned to the enrichment. 4. Faculty should be standardized to recognize students that require enrichment. 5. The concept of enrichment has been implemented for the current year and the results will be reported in a future report.
PREPARATION OF A D3 HIGH RISK PATIENT PORTFOLIO CASE FOR SUBMISSION TO A PEER REVIEWED PROFESSIONAL JOURNAL

Nisreen Takulla, Mark Wolff, Andrew Schenkel

EDUCATIONAL SCHOLARSHIP

The High Risk Patient Portfolio Case reports prepared by the D3 students are extremely thorough documents that lend themselves perfectly for publication. The depth and breadth of these reports require significant editing however, to prepare them for publication. Dividing the report into separate articles allows a reduction in length to comply with journal requirements and provides an opportunity to submit different aspects of the same case as multiple articles to different journals. This poster will illustrate the process of converting and submitting a student’s report into two separate articles. In this case report the patient was at high risk for dental caries. All aspects of caries management by risk assessment (CaMBRA) were written up and submitted following the criteria of the New York State Dental Journal. If the article is accepted it should shed some light on the CaMBRA process for many of those practicing dentists who are still not comfortable with the benefits of risk assessment for their patients and for their practices. The report also included an evidence based decision making (EBDM) portion pertaining to restorative materials. The evidence comparing the risk of recurrent caries for amalgam vs. composite restoration was acquired, assessed, and applied in determining treatment. This aspect was written up and submitted following the criteria of the Journal of the American Dental Association. The requirements and criteria of these two journals are significantly different and must be followed explicitly. The EBDM process was illustrated in a way that practicing clinicians can implement in their practices. If accepted for publication this paper should shed some light on the EBDM process for many of those practicing dentists in the country who are still not comfortable with the “whole evidenced based thing” and should illustrate the benefits of the EBDM process for their patients and for their practices.
INCORPORATION OF 3D ANIMATIONS IN DENTAL PRESENTATIONS IN AN ACADEMIC SETTING

PAUL ZHIVAGO, ANDREW SCHENKEL

EDUCATIONAL SCHOLARSHIP

Introduction: It is difficult for most people to fully understand the three dimensional forms that constitute the basis for many dental procedures simply by reading a descriptive narrative and looking at two dimensional pictures. Computer-generated imagery (CGI) is an excellent yet underutilized learning tool that can help professionals visualize the desired end product and many of the steps along the way.

Objective: To illustrate the enhancement of powerpoint presentations through CGI to elucidate complex procedures and concepts in a dental academic setting.

Theory and Methodology: The use of 3D movies in presentations to supplement static text and 2D images can help the student better understand procedures as well as the concepts relating to those procedure. Various software programs can be used for this particular kind of presentation. Learning is not only enhanced but also accelerated due to the fact that the information presented is visually demonstrated in three dimensions. As there is an increasing demand for rapid information comprehension in short periods of time, this allows for more efficient knowledge assimilation. Dentistry is a dynamic field that can benefit by the adaptation of these new tools now available in order to achieve the goal of learning more efficiently by incorporating both visual and auditory stimuli in a classroom setting.

Results: A live demonstration on a laptop computer will be included along with the poster presentation in order to demonstrate the technology in action.

Conclusion: CGI is an excellent tool to use to demonstrate both practical and theoretical aspects of dental procedures to student from a 3D perspective.
NEW ANATOMY: PLASTINATED PROSECTIONS AND SLICES USE STUDENT TIME EFFICIENTLY AND INCREASE ENJOYMENT

PHYLLIS A. SLOTT, ELENA CUNNINGHAM, ERIC BAKER, LOUIS TERRACIO

EDUCATIONAL SCHOLARSHIP

The D1 course in Head and Neck Anatomy moved from dissecting to using plastinated prosections in January 2005. The new physical and electronic resources and their organized use are described. The course is organized into lecture and lab sessions. Lectures are 1-2 hours using PowerPoint slide presentations. Labs have about 15 students and one faculty member per session. Each student attends two or three 1.5-hour sessions per week. During lab, they study plastinated prosections, slices, bones and models. Quizzes about the scheduled topic are posted on Blackboard. To prevent students from falling behind in their studies these must be submitted prior to lab. An exit quiz is given on the same topic at the end of every lab session. Two practical fill-in-the-blank exams, two multiple-choice midterms and a final are also given. Electronic resources are provided via links from Blackboard to the school’s intranet where licensed copies of the Acland videos, the faculty-generated HTML atlas, and student workbooks are available. In order to make it easier to access assigned readings, links from the students’ schedules on the intranet open the relevant section of the reference work on the Vitalbook. The latest Survey of Predoctoral Dental Education (American Dental Association, Survey Center, 2003-2004) indicated that the average number of hours first-year dental students spent in a gross anatomy lab was 91.9. This year students at NYUCD spent a total of 45 hours in lab. National Board scores have improved since we redesigned the course and introduced plastinations. Average Anatomic Science National Board Part I scores for the first group of students who worked with plastinates were seven points higher than those of the previous class. Surveys conducted by the office of Academic Affairs indicate that students rate the new anatomy course more highly than the preceding one.
USING A LABIAL VENEER AS THE ABUTMENT WING FOR A CANTI-LEVERED ALL-CERAMIC RESIN-BONDED FIXED PARTIAL DENTURE

ELDON MATTHEW LAMB, MARJAN MOGHADAM

CLINICAL SCHOLARSHIP

Introduction: This case report presents a unique treatment modality for the conservative and esthetically acceptable replacement of a missing maxillary central incisor. All-ceramic resin-bonded fixed partial dentures (RBFPDs) were introduced in the early nineties as a more esthetic option to the conventional etch-cast “Maryland Bridge” restorations. In 1997, Kern et al suggested the use of a single-winged cantilevered design, which has been shown to be an acceptable restoration in the anterior esthetic zone.

Methods: This case presents the use of a single-winged, cantilevered all-ceramic FPD in a patient with a completely open anterior articulation. Having traumatically lost the left maxillary central incisor 20 years prior to presentation, the adjacent central and lateral incisors had drifted mesio-lingually into the edentulous space, presenting an aesthetic challenge. A traditional full-coverage all-ceramic FPD would have required the excessive removal of tooth structure on otherwise intact abutment teeth. Additionally, the patient was not interested in orthodontics or the placement of endosseous implants as treatment options. A single-winged IPS e.max RBFPD was designed on the facial of the right maxillary central incisor with a cantilever pontic replacing the left maxillary central incisor. Utilizing this labial veneer instead of the conventional lingual wing on the abutment corrected for the drifted abutment allowing for appropriate esthetic tooth size, shape, and proportions.

Results and Conclusions: The patient was extremely satisfied with the result. The long-term survivability of this restoration will be evaluated on future follow-up to the NYU College of Dentistry. Careful case selection is paramount to the ultimate success of this type of restoration. Studies have shown a favorable long-term outcome with the lingually bonded restoration of similar design.
The use of implants to support and retain both removable and fixed prostheses has become standard in both complex and simple treatment plans. The high success rate of implants and implant-supported prostheses has shifted the focus of treatment and treatment planning to routinely include implants. Some studies have shown a success rate of 80-92% up to 10 years after implant placement in the maxillary jaw. Other studies have demonstrated a 94% success rate in the mandibular jaw after 5 years to 86% at 15 years. (Adell, Eriksson 1990; Cune, de Putter 1994; Lekholm U 1994; Branemark, Svensson et al. 1995) The shift in treatment planning towards the integration of implant prosthodontics has also necessitated a change in the didactic and clinical curricula in dental schools. In dental schools in the US, implant education has increased from 33% in 1974 to 84% in 2002. However, according to a 2004 survey of dental school deans, only 13% reported that implant restorations were a clinical requirement for the graduating student (Jahangiri and Choi 2008). New York University, College of Dentistry has implemented didactic, simulation and clinical implant curricula for the predoctoral dental students. Students routinely provide restorations such as implant-supported overdentures and single-unit fixed crowns for their patients as a graduation requirement. Innovation in education requires vigilant assessment of outcomes. Patient perceptions of treatment outcomes require further investigation. As the beneficiary of an innovative curriculum, the patients’ sense of satisfaction in the treatment they have received is a crucial aspect of quality assurance. The purpose of this study is to survey patient satisfaction with implant-retained restorations recently fabricated for the patient as part of routine care at the NYU College of Dentistry. The specific aim of this study is to gain better understanding of the patient’s perceptions of comfort, function, and esthetics.
The prevalent model of dental education in the United States generally begins with two years of didactic learning. After successful completion of the initial two years, students begin their clinical education, during which they are directly responsible for patient care. Having passed all of their didactic courses, there is an assumption that students are capable of integrating the knowledge they have gained in the first two years of their dental education into their patient care. However, faculty members typically fail to see that integration. Members of the clinical faculty wonder what students were taught in their pre-clinical education, and members of the pre-clinical faculty question what the clinical faculty have done to undermine the knowledge that the students gained in their first two years. I maintain that both groups of faculty are teaching effectively, but that students would benefit from a framework that will assist them in integrating their didactic knowledge and technical skill sets with the added competencies required for the diagnosis and treatment of patients. In order for professional students to apply knowledge effectively, the traditional model of professional education (study of theory followed by some form of application of theory) might be improved by a more integrative style of teaching and learning (Schön, 1987).

Transfer is the main objective of formal education. Students are taught concepts and skills in the hope that they will be able to apply these concepts and skills outside of the classroom. The empirical research on the success of transfer has not yielded consistent results; however, learning environments can be constructed to promote effective learning transfer (McKeough et al., 1995). This study seeks to determine whether experiential learning and reflection will enhance learning transfer between the pre-clinical and the clinical phases of dental education.
COMPARATIVE USE OF POD-CAST VS. WRITTEN LECTURE TRANSCRIPTS AS LEARNING AIDS

KENNETH L. ALLEN, RALPH V. KATZ

EDUCATIONAL SCHOLARSHIP

The purpose of this project was to describe dental students’ use of lecture podcasts versus written lecture transcripts as learning aids under three different circumstances: (1) studying for an exam, (2) reviewing an attended lecture, and (3) reviewing a missed lecture. Additional analyses were performed to see whether demographic differences (e.g., age, gender, language skills, and computer skills) or grade differences were associated with preferences for using podcast versus written lecture transcripts of class notes. Fifty-one percent (n = 171) of the second-year dental students at the NYU College of Dentistry voluntarily participated in this survey. The major findings were that (1) a high percent of students used one or both aids (70-92%); in all three utilization circumstances with a consistent preference for podcast use, especially when reviewing a missed lecture; (2) course grades were not associated with the preferred use of either lecture aid; and (3) over half the students listened to the podcasts at speeds that were 1½ or 2 times faster than normal speech, especially younger students. Further studies are warranted to delve into the current student generation’s preferred learning styles, and the resultant learning outcomes associated with those preferences.

UNDERSTANDING HOW MOCK COMPETENCY ASSESSMENTS FACILITATE LEARNING AND BOOST ACHIEVEMENT

MITCHELL LIPP, HANS HWA-PEN HSU, JASON KWAN

EDUCATIONAL SCHOLARSHIP

Assessments have traditionally been used to make inferences concerning student knowledge and/or skill, to guide instructional and curricular decisions, and as a basis for grading. Recent research in cognitive sciences suggests that assessments may be useful as a method in and of itself to facilitate learning and achievement. At NYU College of Dentistry, the department of Orthodontics
administered to third year students, a competency-based course focused on management of malocclusion and skeletal problems. A mock assessment similar in format to that used in the final competency assessment is given to students in class under similar test conditions. The mock assessments were collected, graded, and returned to students in the following session, when they were reviewed and discussed. Demonstration of competence on the final assessment dramatically improved in every cycle of the course since this protocol was introduced. 2007-2010 mock assessment student pass rate were consistently less than five percent. In contrast, pass rates on the final assessments ranged from 72.9-94.7 percent. This phenomenon is notable considering that the final assessment is two weeks after the mock assessment. This project presents ideas/concepts/findings that relate to this phenomenon from three separate areas: 1) psychometrics (reactive effects of testing, threat of testing), 2) educational research (expectation failure), and 3) findings from cognitive science research. The purpose of this project is to provide insight from these different perspectives, to better understand the mock assessment phenomenon and how educators can exploit the benefits of assessments to improve the efficiency and effectiveness of instruction.

COURSE EVALUATIONS: A METHOD TO DEMONSTRATE STABILITY AND INTERNAL CONSISTENCY

MITCHELL LIPP, PAUL LAZARI

EDUCATIONAL SCHOLARSHIP

Course evaluations are widely used in health care education for quality assurance and to provide feedback and information concerning affective outcomes i.e., students’ perceptions and attitudes. Course evaluations may provide insight into issues that are of concern to educators and policy makers such as instructional effectiveness, learning preferences, and utilization of resources. As in any research, the instrument tool must demonstrate reliability, precision, and validity. At NYU College of Dentistry, the department of Orthodontics has administered course evaluations following a standard protocol since 2007 in the D3 Orthodontics Seminars Course. The data has been used to guide instructional decisions and modify the curriculum. The evaluation tool itself, however, has not been studied. The purpose of this project is to examine the course evaluation in terms of acquiescence bias, alternative-form reliability and intraobserver reliability using a questionnaire designed with redundancies (directly and negatively worded survey stems) that test for stability and consistency in student responses. The evaluation, based on a five point Likert scale, measured the extent of agreement with statements
regarding the course and instruction. Directly and negatively worded survey stems were balanced and randomly ordered. In addition, two questions, concerning overall perceptions of the course placed at the beginning and end of the survey contrasted the Likert scale with an alternative measure (students graded the course, A-F). Evaluations were anonymous and placed by students in a drop box during the last session of the course after taking a final competency assessment. Using separate stems and alternative formats to collect information with planned redundancies, within the same instrument, permits methodological analysis of stability and internal consistency. Data collected in academic year 2010-2011 using this method is reported in the context of data previously collected.

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TEST-RETEST RELIABILITY OF ASSESSMENTS USED IN A GRADER TRAINING COURSE

MITCHELL LIPP, CHRISTINA CHAO, GARRETT DACKER

EDUCATIONAL SCHOLARSHIP

Reliability in testing is necessary to establish validity of the assessment. In other words, valid inferences cannot be made from an assessment that does not yield reliable scores. Reliability or how repeatable test scores are may be affected by how different people grade the same assessment, or how stable/reproducible results are when the same assessment is taken at different times by the same person. At NYU College of Dentistry, the department of Orthodontics has administered a training session to prepare approximately 60 instructor/graders to grade competency assessments in a second year course that tests skills related to diagnosis and treatment planning with the Invisalign system. Since 2007, a standard grader training protocol has been adopted that uses pre and post tests to evaluate accuracy in grading assessments used in the course. The data obtained has been used to guide instructional decisions and modifications in the grader training program. The assessments (pre and post tests), however, have not been studied. The purpose of this project was to evaluate test-retest reliability of grader assessments used to train graders in the D2 Invisalign Simulation Course. The grader tests consisted of samples of completed student assessments: Prescription & Diagnosis Form Assessments (PDFA), ClinCheck Modification Form Assessments (CMFA). Subjects included first and second year postgraduate and international Orthodontic residents. Subjects were introduced to a clinical simulation case, given evaluative
criteria, and asked to grade 10 PDFA and 10 CMFA on a pass/fail basis. After two weeks, the same subjects were given the same assessments to grade. Data for PDFA and CMFA were analyzed to determine test re-test reliability between subjects. Data and statistical analysis will be reported.

THE JOURNAL CLUB IS DEAD! LONG LIVE THE EVIDENCE BASED DECISION MAKING CLUB!

ANDREW B. SCHENKEL, JOAN PHELAN, MARY BRENNAN, JUDI HABER

EDUCATIONAL SCHOLARSHIP

Evidence based decision making (EBDM) is one of the driving forces in our healthcare delivery system today. The theories, processes and applications of EBDM are the same across all fields of healthcare and are ideal for taking advantage of opportunities in interprofessional teaching and learning. At NYU College of Dentistry our close association with faculty from the College of Nursing who were ahead of us in this area, provided the opportunity for collaboration with the establishment of a joint evidence based practice steering committee. This collaboration facilitated faculty development and the integration of EBDM throughout our curriculum. When this integration was complete, the committee suggested that we try the EBDM approach ourselves in the form of a journal club. It quickly became apparent that the traditional journal club format, which focused only on discussion of randomly chosen articles, was at odds with the process of EBDM which starts with asking a clinical question, acquires literature that best answers that question, appraises that literature and applies the findings to make treatment decisions. EBDM clubs, following this format, allow participation and “buy in” of the process by clinical faculty. Journal clubs have long been used in healthcare settings as a means of disseminating healthcare information. This poster will describe the Curriculum Change and Innovation program that will be presented at the 2011 Annual Meeting of ADEA in San Diego. This program will explore the history and evolution of the typical journal club and examine whether this format is appropriate in today’s world of EBDM. The program will describe how to start an EBDM club from scratch or convert an existing journal club into its natural modern iteration as an EBDM club. Data will be presented from our own experience as well as from the literature representing journal club experiences from multiple institutions.
SEARCHING EFFECTIVELY AND EFFICIENTLY FOR ACCURATE ANSWERS TO CLINICAL QUESTIONS: A WORKSHOP UTILIZING INTERPROFESSIONAL COLLABORATIONS TO OPTIMIZE TRAINING AND TEACHING

ANDREW B. SCHENKEL, RICHARD MCGOWAN

EDUCATIONAL SCHOLARSHIP

Evidence based decision making (EBDM) is one of the driving forces in our healthcare delivery system today. It is an aspect of dentistry and dental education that is ideal for taking advantage of opportunities in interprofessional teaching and learning. The theories, processes and applications of EBDM are the same across all fields of healthcare and provide the perfect opportunities for collaboration. Many fields can be tapped for their expertise in order to optimize its learning and teaching. Acquiring the literature needed to answer your clinical question is usually presented as the second step in the EBDM process. This poster will describe the faculty development workshop that will be presented at the 2011 Annual Meeting of ADEA in San Diego. The program will provide hands on searching experience to participants with their own laptop computers. Through the collaboration established between NYU College of Dentistry and the NYU Medical Center Health Science Library staff we will show how to comfortably and confidently apply the principles and practices of EBDM in searching the existing databases in order to obtain the literature to correctly answer to your clinical questions. This association has afforded us the opportunity for collaboration in this area with the establishment of courses and support in the area of searching. Highlighted among these are the integrated case presentation seminars involving the students across all four years of their dental education- D1 through D4. The medical librarian’s knowledge and expertise is essential for training students and faculty searching for answers to clinical questions. This format for collaboration between library and dental school faculty and staff was also the basis for a successful series of FSDC workshops and will form the basis of our ADEA faculty development workshop for learning effective and efficient searching strategies.

THE DIFFICULT TASK OF ASSESSING EFFECTIVE TEACHING

SILVIA SPIVAKOVSKY, ANALIA VEITZ-KREENAN, DANNY LO

EDUCATIONAL SCHOLARSHIP

To create an effective strategy to develop and assess students’ skills to treat medically complex
patients. We propose to compile and study data from the Special Patient Care Competency exercise at NYUCD to determine: What type of patient is the most challenging to our students? What are the most common areas of concern they have when dealing with medically complex patients? What type of information do students choose to answer clinical questions, where do they look for this information and how the content is covered in the curriculum? For the competency exercise students choose a medically complex patient of record. They are required to provide medical and dental information following a template and to fill an “Educational Prescription” (EP), based on a clinical question of their interest. The EP is used to establish areas of interest or concern and to evaluate their ability to use resources and critical appraisal skills. Students must demonstrate an understanding of how the medical issues can affect dental treatment. Two databases were developed based on more than 300 records from students’ presentations: the first using the patients’ information and the second using information from the EP.

THE IMPLEMENTATION OF ORAL MEDICINE, ORAL DIAGNOSIS AND ORAL RADIOLOGY IN THE DIAGNOSIS OF RARE AND ORPHANED DISEASES: THE PRESENTATION AND COMPARISON OF TWO CASES

WILLIAM MALONEY, JAKE FRIED
CLINICAL SCHOLARSHIP

Dentists are often among the first healthcare professionals a patient would present to when various vague signs and/or symptoms arise in the craniofacial region. This provides the dentist with a precious opportunity to diagnosis a pathology in the earliest of stages. This is true of the most rare to the most common of pathological entities. Certain diseases are placed in the two classifications of “rare” and “orphaned” based on the relatively small number of individuals who are afflicted with them. These diseases often have a multitude of craniofacial, oral, and dental manifestations which the dental professional is able to observe and document upon performing a clinical examination by using his/her knowledge of oral medicine, oral diagnosis, and oral radiology. In turn, the dentist would refer to the proper healthcare professional for a definitive diagnosis of the suspected ailment. The astute and thorough observations of the dentist would then lead to the diagnosis of the patient’s ailment which otherwise might have continued to baffle the patient’s medical professionals. Two examples of the ability of the dental profession to aid in the diagnosis of a rare disease and an orphaned disease are presented along with the
craniofacial, oral, and dental manifestations which would lead the dentist to such a diagnosis. The rare disease is the Celiac Disease of President John F. Kennedy and the orphaned disease is the Hutchinson Gilford Progeria Syndrome of F. Scott Fitzgerald’s fictional character Benjamin Button.

**ADDING A SELF-ASSESSMENT COMPONENT TO A TRADITIONAL COMPETENCY: A COMPARISON**

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**EDUCATIONAL SCHOLARSHIP**

Objective: A core component of dental school education is to enable the students to self-evaluate their own ability to properly diagnose and treatment plan patients. At NYU College of dentistry a competency given in a form of a self-assessment survey at the conclusion of each patients treatment, evaluates the students’ ability to assess their outcomes of treatment. The current competency is very subjective and solely consists of the faculty’s input of the student’s performance. The main purpose of this project is to create a more objective competency focusing more on students assessing their own work followed by faculty input. The design of the new competency will allow students to break down their own treatment plan into 4 phases: a Retrospective, Current, Prospective and Patient phase. This format will encourage students to evaluate all facets of the patient’s medical and dental history prior to treatment, during treatment and after treatment. This competency design will also take into account patient compliance as a factor for treatment outcome. This study is being conducted to evaluate the effectiveness of the existing clinical competency administered at NYU. The goal of this project is to create a more comprehensive student self-evaluation competency form to facilitate a better learning experience for students.

Methods: Students, from an NYU clinic, taking their clinical evaluation competency will also be given this new clinical evaluation competency. Once the student has completed both evaluation forms, a standardized survey comparing and contrasting the advantages and disadvantages of each competency will be given to each student.

Results: Statistical analysis will be conducted on the results of the standardized survey comparing the existing clinical competency form to the new competency form.

Conclusion: Improved methods of evaluating students’ self-assessment of treatment outcomes will lead to better diagnosis and treatments for their patients.